

LUCKIAMUTE VALLEY CHARTER SCHOOLS – REGISTRATION FORM
 17475 Bridgeport Rd. * Dallas, OR 97338 * 503-623-4837 * 503-623-8835

Date: _____ School Year: _____ Entering Grade: _____

STUDENT INFORMATION

Student's Legal Name: _____ Home Phone: _____
 _____ *Last* _____ *First* _____ *Middle*

Household address: _____ City _____ Zip _____

Mailing Address (if different than above) _____ County _____

Sex: M ____ F ____ Birthdate ____ / ____ / ____ Birthplace: (City, state) _____

Last School Attended: _____ City: _____

Has Student been Suspended or Expelled from a prior school? Yes ____ No ____

What is the student's first language? _____ Second Language? _____

Racial/Ethnic Category: White ____ Black ____ Hispanic ____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ Other _____

ADULTS LIVING IN THE HOUSEHOLD

Mother ____ Father ____ Stepmom ____ Stepdad ____ Guardian ____	Mother ____ Father ____ Stepmom ____ Stepdad ____ Guardian ____
Name	Name
Place of employment	Place of employment
Daytime/Work phone _____ Cell _____	Daytime/Work phone _____ Cell _____
Email	Email

Father or Mother is employed by any Federal Department of Forest, Military Service. Y ____ N ____

My Family has moved, for any period of time, in the past 6 months to work in agriculture such as lumber, canneries, farm labor, harvesting, fishing Y ____ N ____

ADULTS LIVING OUTSIDE OF THE HOUSEHOLD

Mother ____ Father ____ Stepmom ____ Stepdad ____ Guardian ____	Mother ____ Father ____ Stepmom ____ Stepdad ____ Guardian ____
Name	Name
Place of employment	Place of employment
Daytime/Work phone _____ Cell _____	Daytime/Work phone _____ Cell _____
Email	Email
Restraining Order? ____Yes ____No	Restraining Order? ____Yes ____No

If a second mailing is to be sent out (non-custodial parent), please indicate parent name, address, city & zip in the blank below

PLEASE NOTE: Oregon law requires that educational records will be shared with non-custodial parents upon their request unless the school is presented with a court order to the contrary. Restraining Orders will also require a copy of the court order in the child's cumulative file.

SIBLINGS

Please list all brothers and sisters attending District Schools

Name _____ School _____ Name _____ School _____

Name _____ School _____ Name _____ School _____

EMERGENCY CONTACT – OTHER THAN PARENTS

The following information is needed so that we can react to the many and varied situations which occur during a school year. There are times when we are unable to contact you and must call on an Emergency Contact person to whom you have given the authority to: (1) Authorize the school to release your student in the event we are unable to reach you, and/or (2) Direct us in the handling of an emergency involving your child. Please list in preferred calling order, if possible.

Print Name: _____ Phone: _____ Relation _____

Print Name: _____ Phone: _____ Relation _____

Print Name: _____ Phone: _____ Relation _____

During a medical emergency, if no contact can be made at the numbers listed above, the school may seek help from physicians, EMT's and/or an ambulance service.

BUS RIDER

Will your child ride the bus? *Yes ___ No ___ **Please fill out the Student Transportation Form

MEDICAL INFORMATION

Family Doctor: _____ Phone : _____

Medical Issues: Please indicate (v) if your student has any of the following health conditions.
District Nurse will contact you to obtain information for a medical protocol relating to conditions.

___ Asthma/Inhaler ___ Seizure Disorder ___ Diabetes ___ Hearing ___ Speech ___ Vision ___ Epi-Pen Required

___ Severe Allergies (please specify) _____

Medications to be taken at school (list medications). **Please complete a Medication Administration Record Form

Other Ongoing Health Condition _____

Does the student need help/special accommodations at school for health reasons? _____

PERMISSION GRANTED

The school will release the following types of information which are considered to be directory information: student name, parent names, address, and phone number; photograph or video tape participation in officially recognized sports and activities; dates of attendance; degrees or awards received; and most recent previous school or program attended. A parent or eligible student who wishes to deny the release of any of these items must submit their objection in writing on our non-disclosure form to the principal within 15 days of receiving this notice.

I give my permission:

For my child to participate in school organized and supervised **field trips** within walking distance of school. Yes ___ No ___

For my child to view **PG** rated films, previewed for appropriateness by staff and administration. Yes ___ No ___

Student Records Review – Notification: Parents and eligible students are entitled to inspect and review the student's education records and request amendments to ensure the accuracy of the records with regard to applicable state and federal laws and administrative rules. Copies of the school's policy on student education records are available at each school, on the website and may be obtained at no charge by making a request to the office manager.

I CERTIFY THAT THE INFORMATION ON THE REGISTRATION FORM IS ACCURATE

Parent
Signature _____ Date _____